FATAL



State of Connecticut

Department of Public Safety / Division of State Police

ACCIDENT	INFORMATION	SUMMARY

State Police Troop: TROOP-K		mber: DPs06~006822			Notations: Traffic: Weather:	М
Investigating Trooper: MCMANAWAY # 0761	Date:(02/09/06 Time	_1939 B	rs.	Direction of N S	of 1
No. & Type of Veh's Involved: 1 CAR (Passenger Car, Truck, Bus, Etc.)	Related (nformation: PEDESTRL J (Pedestrian, Pc lo		itment, Etc)	14 5	
Town / City: COLCHESTER	Location	of Accident:RT.16				
Utility Pole Names Number (If Applicable): N/A			Other	(Specify):		
Oper #1:GORDON, ANNETTE		Oper #2:				
DOB: 05/26/61 Gender: M	図F	DOB:		Gender:	□ M	□F
Address: 120 FALLS RD.		Address:	_			
Town: MOODUS State: CT Zip	p: 06469	Town:		State:	_ Zip	:
Oper. Lic. # 054109040 Type: 2 State:	CT	Oper. Lic. #				
Owner #1: SAME		Owner #2:				
Address: SAME		Address:				
Registration Plate: 264TMH State: CT						
Make: TOYT Model: 4 RUNNER Ye	ar: _93_	Make:	_ Model:		Yea	ır:
VIN:		VIN:				
Seatbelt(s): Yes One Airbag: Yes (Deployed OY ON) TRAVELERS INS.	No ∐N/A	Seatbelt(s): Yes No Insurance Company:	Alrbag: L	Yes (Deployed	(NO Y	No UNA
Insurance Policy #: 9782718981011		Insurance Policy #:				
Injuries: N/A		Injuries:				
Vehicle Damage: FRONT MINOR					_	
Vehicle Towed: No Pyes, DESMONDS (TROOP-K) Occupant(s): (Name / DOB / Address / Position in Veh)	.)	Vehicle Towed: No Y Occupant(s): [Name / D	es,	/ Position In	Vah 1	
	-10-21					
Oper #3:	711					
Oper #3: Gender: M	711					□F
	□F	Oper #4:		Gender:	□ M	F
DOB: Gender: M	□F	Oper#4: DOB: Address:		Gender:	□м	□F
DOB: Gender: M	□F ::	Oper#4: DOB: Address:		Gender:	☐ M	:
DOB:	□F :	Oper#4: DOB: Address:		Gender: State:Type:	☐ M Zip State:	:
DOB: Gender: M Address: State: Zip Oper. Lic. # Type: State: Owner #3: State: Type:	□F :	Oper#4: DOB: Address: Town: Oper. Llc. #		Gender: State: Type:	☐ M Zip State:	:
DOB: Gender: M Address: State: Zip Oper. Lic. # Type: State:	□F o:	Oper#4: DOB: Address: Town:		Gender: State:Type:	☐ M ZipState:	:
DOB: Gender: M Address: State: Zip Oper. Lic. # Type: State: Owner #3: Address: Address:	□F	Oper #4: DOB: Address: Town: Oper. Lic. # Owner #4: Address:		Gender: State:Type:	☐ M Zip State:	:
DOB:	□F	Oper #4: DOB: Address: Town: Oper. Llc. # Owner #4: Address: Registration Plate:		Gender: State:Type:	☐ M Zip State:	:
DOB: Gender: M Address: Zip Town: State: Zip Oper. Lic. # Type: State: Owner #3: Address: State: Registration Plate: State: Yes Make: Model: Yes	□F o: ar: '	Oper#4: DOB: Address: Town: Oper. Lic. # Owner #4: Address: Registration Plate: Make:	Model:	Gender: State:Type:	☐ M Zip State:	:
DOB: Gender: M Address: Zip Town: State: Zip Oper. Lic. # Type: State: Owner #3: State: State: Address: Registration Plate: State: Make: Model: Yes VIN: Seatbelt(s): Yes (Deployed □Y □N) Insurance Company:	□F ar: No □N/A	Oper#4: DOB: Address: Town: Oper. Llc. # Owner #4: Address: Registration Plate: Make: VIN: Seatbelt(s): Yes on o	Model:	Gender: State: Type: State:	Zip State: Yea	ar:
DOB: Gender: M Address:	□F o: ar:	Oper #4: DOB: Address: Town: Oper. Llc. # Owner #4: Address: Registration Plate: Make: VIN: Seatbelt(s): Yes on o	Model:	Gender: State: Type: State:	ZipState:Yea	er:
Address: Town: State: Zip Oper. Lic. # Type: State: Owner #3: Address: Registration Plate: State: Make: Model: Yes VIN: Seatbelt(s): Yes No Airbag: Yes(Deployed Y N) Insurance Company: Insurance Policy #: Injuries:	□F ar: No □N/A	Oper#4: DOB: Address: Town: Oper. Lic. # Owner #4: Address: Registration Plate: Make: VIN: Seatbelt(s): Yes on o Insurance Company: Insurance Policy #: Injuries:	Model:	Gender: State: Type: State:	Zip State: Yea	ar:
Address: Town: State: Zip Oper. Lic. # Type: State: Owner #3: Address: Registration Plate: State: Make: Model: Yes VIN: Seatbelt(s): Yes No Airbag: Yes(Deployed Y N) N Insurance Company: Insurance Policy #: Injuries: Vehicle Damage: Vehicle Towed: No Yes,	□F ar: No □N/A	Oper #4: DOB: Address: Town: Oper. Llc. # Owner #4: Address: Registration Plate: Make: VIN: Seatbelt(s): Yes on o Insurance Company: Insurance Policy #: Injuries: Vehicle Damage: Vehicle Towed: No []	Model: Alrbag:	Gender: State:Type: State:]Yes (Deployed	☐ M Zip State: Yea	ar:
Address: Town: State: Zip Oper. Lic. # Type: State: Owner #3: Address: Registration Plate: State: Make: Model: Yes VIN: Seatbelt(s): Yes No Airbag: Yes(Deployed Y N) Insurance Company: Insurance Policy #: Injuries: Vehicle Damage:	□F ar: No □N/A	Oper #4: DOB: Address: Town: Oper. Llc. # Owner #4: Address: Registration Plate: Make: VIN: Seatbelt(s): Yes on old of the company: Insurance Company: Insurance Policy #: Injuries: Vehicle Damage:	Model: Alrbag:	Gender: State:Type: State:]Yes (Deployed	☐ M Zip State: Yea	ar:
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Brief Description of Accident

On 02/09/06 at approximately 1939 hours, Troop K responded to the area of Rt. 16, approximately ½ mile east of Rt. 149, Colches er for a reported two-car motor vehicle accident involving an unoccupied vehicle. Subsequent to this investigation, a second motor vehicle accident occurred in the same area involving a car vs. pedestrian. The pedestrian was transported from the scene via Life Star Helicopter, to Backus Hospital in Norwich. It was later determined that the pedestrian succumbed to her injuries and died. Anyone who may have witnessed this accident or has any information regarding this investigation, please contact Troop K, Colchester at (360)-537-7500.

	This investigation is:	X	Open / Continuing	Closed	-1
MEDICAL A	TTENTION:		-		1,
#1 Ambulance	Yes, Company	□No	#2 Ambulance	[]Yes, Company	No
Patient Name:			Patient Name:		
Hospital			Hospital		
Injuries			Injuries		
-					
#3 Ambulance	Yes, Company	□No	#4 Ambulance	[]Yes, Company	_No
Patient Name:			Patient Name:		
Hospital			Hospital		
Injuries			Injuries		
FATALITIES	: Do Not Release Unless Next of		Notified		
NameL	IBERA, JOANNE E.		Name		
Next of Kin Noti	ified? Yes No		Next of Kin Not	ifi:d? Yes No	*
Name			Name		
Next of Kin Noti	fied? Yes No		Next of Kin Not	ifi:d? Yes No	
ENFORCEM	ENT ACTION:	3.			
Arrested U	NDER INVESTIGATION		Arrested		
Warned		_	Warned		
Supervisor's A	approval Required: Signature	_		# Date	